



# COMPETENT PERSON EVALUATION

## FALL RESTRAINT & FALL ARREST

This is a check list which has been devised to help/assist the employer determine if the person he/she has designated as a **COMPETENT PERSON** is competent within the description and intent of the **FALL RESTRAINT AND FALL ARREST STANDARD**, WAC 296-155-24503 (7).

Employee's name		Position	
Date of evaluation by employer	Length of time with employer	Length of experience in fall protection	

### TRAINING:

Does the designated individual have training in:

	YES	NO
Use of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Inspection requirements of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Storage of fall protection equip	<input type="checkbox"/>	<input type="checkbox"/>
Identifying fall hazards	<input type="checkbox"/>	<input type="checkbox"/>
Requirements of the fall restraint & fall arrest standards	<input type="checkbox"/>	<input type="checkbox"/>

### KNOWLEDGE:

Does the individual have knowledge about:

	YES	NO
Fall hazards	<input type="checkbox"/>	<input type="checkbox"/>
Use of protective systems	<input type="checkbox"/>	<input type="checkbox"/>
Requirements of the standards	<input type="checkbox"/>	<input type="checkbox"/>
Fall protection work plans	<input type="checkbox"/>	<input type="checkbox"/>
Emergency removal	<input type="checkbox"/>	<input type="checkbox"/>
Line capacity	<input type="checkbox"/>	<input type="checkbox"/>

### AUTHORITY:

Does the designated individual have authority to:

	YES	NO
Take prompt corrective measures to eliminate existing and predictable hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Stop work until hazards are corrected or eliminated or controlled and remove employees from the hazardous area until proper systems are in place?	<input type="checkbox"/>	<input type="checkbox"/>

### COMMENTS:

*Do you consider the individual to be **COMPETENT** within the requirements of the **FALL RESTRAINT AND FALL ARREST STANDARD**?*

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

**IF NOT, WHY?**

**Areas to be strengthened:** \_\_\_\_\_


**Employer/Representatives Signature** \_\_\_\_\_

*Continue on reverse if more space is needed*